

MANPOWER/ORGANIZATIONAL CHANGE REQUEST

PART A *(To be completed by requesting office)*

1. Name and Rank/Rate/Grade of individual for whom change is being requested:

(Last Name) *(First Name)* *(MI)* *(Rank/Rate/Grade)*

2. Nature of Manpower/Organization change(s) requested: *(This form is not a substitute for SF-52 (Request for Personnel Action) forms required for civilian personnel changes under FPM Supplement 296-33)*

From: *To:*
Billet/Position Title: _____ **Billet/Position Title:** _____

BSC/BPC: _____ BSC/BPC: _____

N Code: _____ N Code: _____

UIC: _____ UIC: _____

Bldg/Room: _____ Bldg/Room: _____

Telephone: _____ Telephone: _____

3. POC for additional information: _____
(Name) *(Phone)*

4. Requesting Division Director: _____
(N Code) *(Typed name and signature)* *(Date)*

PART B *(To be completed by N09B)*

Request Number _____

5. Manpower/Organization/Resource Review:

(N09B20) *(N09B21)* *(N09B23)* *(N09BD)*

6. N09B2 Action:

Approved _____

Disapproved _____

Comment _____

(Signature of N09B2)

(Date)